International Handbook of Occupational Therapy Interventions

Chapter 41
Individual Placement and Support: Helping People with Severe Mental Illness Get Real Jobs

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Individual Placement and Support (IPS) is the accepted evidence-based vocational rehabilitation intervention of choice in the United States, and there is now good evidence for its effectiveness in Europe.

Abstract Unemployment rates in people with severe mental illness (SMI) are historically extremely low. Traditional employment services use a "train and place" model, in which time is spent in secondary (sheltered) employment services before, if at all, attempting to obtain competitive employment. Individualized Placement and Support (IPS) is a method in which clients are helped to obtain competitive employment directly and then supported in these posts—a "*place and train" model*. IPS is the evidenced-based vocational rehabilitation program of choice in the United States, and there is now good evidence for it in Europe.

Keywords Mental disorders • Mentally ill persons • Schizophrenia • Supported employment • Vocational rehabilitation

Background

Prevocational training is traditionally the most widespread vocational rehabilitation model for people with severe mental illness. It consists of intensive preparation and sheltered work, prior to application for "competitive employment" (work in the community that anyone can apply for which pays at least the minimum wage). However, competitive employment is rarely obtained. Many clients either become stalled in the sheltered settings or are disengaged from the program (Bell et al., 1993; Drake et al., 1999).

Supported employment, which emphasizes direct job placements, has been developed as an alternative model. The Individual Placement and Support (IPS) model is a specific, manually operated version, which increasingly replaces prevocational training. The Individually and Supported Model contains the following key features: (1) competitive employment as the goal; (2) clients are expected to obtain

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jobs directly, without lengthy preemployment training ("rapid job search"); (3) rehabilitation is treated as an integral component of mental health treatment rather than a separate service; (4) services are based on clients' preferences and choices; (5) assessment is continuous and based on real work experiences; and (6) follow-up support is continued indefinitely (Bond, 1998).

Purpose

The IPS program incorporates principles of supported employment and assertive community treatment. Key components are that it is (1) open to all with SMI, (2) a rapid job search is conducted based on the individual preferences of the client, (3) assessment is continuous, and (4) periods of unsuitable employment attempts are expected and viewed as a normal part of the process.

Method

Candidates for the Intervention

The IPS program has been developed specifically for people with *severe mental illness*. It is a community-based intervention, integrated into the community mental health team (CMHT). It combines the principles of supported employment with those of *assertive case management*. Zero-exclusion is a key principle, meaning that the program accepts any adult client with severe mental illness who wants to be in the program. No clients are screened out based on perceived job readiness, substance use, intellectual functioning, behavioral problems, or symptom severity.

Epidemiology

People living with severe mental illness (5 million people in the working-age population in Europe) have historically very high unemployment rates (61% to 85% across various settings), despite reports that the majority want to work (Crowther et al., 2001).

Settings

Clients are employed in any area of the primary labor market, depending on local availability and client suitability and preference. Regular meetings with a dedicated employment specialist occur in the community and at the client's place of work, and follow-up support is indefinite.

Results

The Role of the Occupational Therapist

Individual Placement and Support Program Staffing

The role of OTs in IPS is potentially controversial, as the program actively distances itself from traditional practices, which are regarded as overprotective and paternalistic. Staffing optimally consists of two IPS *employment specialists*, supervised by a *vocational coordinator* who manages referrals. While the vocational coordinator is expected to have a background in vocational rehabilitation, the employment specialists are not. Typically, they have no OT experience, though they are expected to have the ability to work with clients with severe mental illness. Their time should be spent exclusively as employment specialists, not involved in aspects of general case management usually expected of OTs in some traditional mental health rehabilitation settings.

Clinical Application

Administration

The IPS employment specialist actively searches for job opportunities that suit the client's interests and abilities and encourages rapid entry into the labor market. Once a client is employed, the employment specialist provides ongoing support to help maintain that employment. Assessment is continuous, and it is expected that clients may experience several jobs that prove unsuitable before settling in one.

Integrated within the client's treatment team, the employment specialist regularly consults other involved team members to ensure that vocational rehabilitation and mental health treatment are complementary (Latimer, 2001). The client should also be counseled regarding the possibilities of a "benefit trap" effect, in which there may be a perceived or real financial disincentive to work, due to loss of benefits.

Guidelines on the implementation and practice of IPS as set out by its originators are available (Becker and Drake, 1993), as is a fidelity scale to measure the degree to which an individual program conforms with the IPS model (Bond et al., 1997).

Therapeutic Principles of the Individual Placement and Support Program

Unlike prevocational training, IPS does not try actively to reduce clients' impairments but rather works around them. It compensates both for impairments and adverse symptoms that may have made it difficult for the client to find a job, and also helps clients maintain employment by finding jobs where their impairments are either not relevant or where adequate support is available (McGurk and Mueser, 2003).

Evidence-Based Practice

North American Evidence Base

The IPS program is now the evidence-based intervention of choice, and about 20 experimental and quasi-experimental studies have been published. Randomized controlled trials have demonstrated superior effectiveness for IPS against traditional services for vocational outcomes including finding employment, working competitively in the community, working more hours in a given month, and having higher earnings. A systematic review of 11 randomized controlled trials (RCTs) found that after a period of as short as 6 months, 30% of IPS clients were in competitive employment, compared to 6% of those who were receiving prevocational training. At 24 months, 15% of IPS clients were in employment, compared to 5% of the prevocational clients (Crowther et al., 2001).

Variance in efficacy has been linked with client factors such as (1) interest in finding a work (Macias et al., 2001), (2) differences in local labor markets, and (3) IPS model fidelity. The IPS principles of (1) integration of rehabilitation with mental health treatment, (2) employment specialists providing only employment services, and (3) the zero-exclusion criteria, show the highest correlations with employment rates, though not all fidelity components showed enough variance to be studied (Becker et al., 2001).

European Evidence Base

While IPS works well in North America, its efficacy cannot be automatically assumed in Europe, which has (1) a less work-oriented culture, (2) better welfare benefits (less financial incentive), and (3) more rigid labor markets (a barrier to employing those with severe mental illness). However, a recent RCT (Burns et al., 2007) of over 300 psychotic clients across six very different sites (in Bulgaria, England, Germany, Italy, the Netherlands, and Switzerland), found the following:

- The effect size of IPS was equal to North American trials (a doubling of employment rates), and showed a clear statistically significant relationship to local employment rates and a noticeable but not statistically significant impact of a benefit trap effect.
- IPS clients stayed longer in jobs (contrary to expectations).
- IPS clients showed reduced hospital admission rates. This was not demonstrated in the North American trials, and the fact may reflect better-integrated health care in Europe.

Discussion

The IPS program has demonstrated superior efficacy to standard services across a variety of settings and for a range of outcomes. In the U.S., it is the recommended evidence-based intervention for vocational rehabilitation, and its effectiveness in Europe has recently been demonstrated. The cost benefits of IPS vs. traditional vocational rehabilitation are still unclear, but the benefits of increased social inclusion from competitive employment are unequivocal (Morgan et al., 2007).

On balance, therefore, the evidence supports IPS as the vocational rehabilitation method of choice for severe mental illness. Further research and development should now be directed at identifying optimal methods to provide it.

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